

# STATE OF WISCONSIN Division of Hearings and Appeals

In the Matter of

DECISION
c/o

MPA/169332

### **PRELIMINARY RECITALS**

Pursuant to a petition filed October 06, 2015, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance, a hearing was held on November 16, 2015, at Balsam Lake, Wisconsin.

The issue for determination is whether the petitioner is entitled to medical assistance reimbursement for orthodontia.

There appeared at that time and place the following persons:

### PARTIES IN INTEREST:

Petitioner:



### Respondent:

Department of Health Services 1 West Wilson Street, Room 651 Madison, Wisconsin 53703

By: DDS

Division of Health Care Access and Accountability 1 West Wilson Street, Room 272 P.O. Box 309 Madison, WI 53707-0309

ADMINISTRATIVE LAW JUDGE:

Michael D. O'Brien Division of Hearings and Appeals

### **FINDINGS OF FACT**

1. The petitioner is a resident of Polk County.

- 2. The petitioner with Dr. requested orthodontic treatment at a cost of \$5,600 on August 13, 2015. The Office of Inspector General denied the request on September 1, 2015.
- 3. The petitioner's Salzmann score, which measures the crookedness of teeth, is 18.
- 4. The petitioner is congenitally missing teeth Nos. 7 and 10. This will cause the midline of his teeth to be about 3mm off from center. No other consequences of the missing teeth or the crookedness of his teeth were documented in the the prior authorization request.

#### **DISCUSSION**

Medical assistance covers orthodontia if the recipient obtains prior authorization. To receive authorization, a service must be medically necessary rather than merely socially desirable or cosmetic. Wis. Admin. Code, § DHS 107.02(3)(e). The Division of Health Care Access and Accountability uses the Salzmann Index, which measures the crookedness of teeth (referred to as a malocclusion), as the first step in determining whether orthodontia is medically necessary. It automatically approves requests where the score is 30 or greater; if the score falls below 30, it denies the request unless its consultant, "after a comprehensive review of the case," determines that "a severe malocclusion does exist." *Medicaid Online Handbook*, Topic # 2909.

The petitioner's score is 18. The request indicates that two of his adult teeth will never come in and that this will cause his teeth to be about 3mm off from center. Neither the request nor the testimony indicate that the malocclusion or the missing teeth will cause any other problems such as headaches or difficulty eating. Although I understand why a person desires straight teeth, the evidence before me does not indicate that a severe malocclusion exists. Therefore, I must uphold the agency's decision.

### **CONCLUSIONS OF LAW**

The Office of Inspector General correctly denied the petitioner's request for orthodontia because he has not shown by the preponderance of the credible evidence that he has a severe malocclusion.

### THEREFORE, it is

### **ORDERED**

The petitioner's appeal is dismissed.

### REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received** within 20 days after the date of this decision. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

MPA/169332

### APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison, Wisconsin, this 17th day of November, 2015

\sMichael D. O'Brien
Administrative Law Judge
Division of Hearings and Appeals



## State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator Suite 201 5005 University Avenue Madison, WI 53705-5400 Telephone: (608) 266-3096 FAX: (608) 264-9885 email: DHAmail@wisconsin.gov Internet: http://dha.state.wi.us

The preceding decision was sent to the following parties on November 17, 2015.

Division of Health Care Access and Accountability